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(Requestor's Name)
,
(Äddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
	Alexandra N	Nuttall Interiors		
SUBJE	CT:	Name of Limi	ted Liability Company	
The end	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	eturn all correspo	ndence concerning this matter t	to the following:	
		Alexandra Nuttall		
		-	Name of Person	
		Alexandra Nuttall Design		
			Firm/Company	
		4625 Highway ATA, Suite 8	3	
			Address	
		Vero Beach Fl. 32963		
		alexandra@alexandranuttall.	City/State and Zip Code com	
		E-mail address: (to	o be used for future annual report notif	fication)
For furt	ther information c	oncerning this matter, please ca	ili:	
Alexan	dra Nuttall		772 6961920	
	Name o	f Person	at ()	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
≡ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited L Florida document number	iability Company	were filed on	and assigned
his amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
ALEXANDRA NUTTALL DESIGN LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	4625 Highway ATA, Suite 8	202
Principal office address MUST BE A STREE	ET ADDRESS)	Vero Beach, FL 32963	
			2
			6 2011
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			7 70
			7
3. If amending the registered agent and/or or gent and/or the new registered office addre	• •	nddress on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:	SCOTT NUTTA	ALL & ASSOCIATES, P.A.	
New Registered Office Address:	5055 HIGHWA	Y ATA VERO BEACH, FL 32%3	
		Enter Florida street address	
	VERO BEACH	, Floric	
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			
			□Remove
			□ Change
			□Add
			□Remove
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n effective date is listed, the date must be specific a ste: If the date inserted in this block does not	t meet the applicable	rate of ming or mo e statutory filing	re man 90 days and requirements, thi	is date will not b	e liste
cument's effective date on the Department of	f State's records.				
record specifies a delayed effective The 90th day after the record is filed		n effective ti	me, at 12:01	a.m. on the e	earliei
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Signature of	a member or authorize	ed representative (l'a member	_ •_ • · · · · · · · · · · · · · · · · ·	_

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